

Currently pending claims

1. - 4. (cancelled)
5. (previously presented) The method of claim 11, further comprising administering an effective amount of a steroid.
6. - 7. (cancelled)
8. (previously presented) The method of any one of claims 13 - 17 wherein the perforated tympanic membrane is due to tympanostomy.
9. - 10. (cancelled)
11. (previously presented) The method of claim 8, wherein the type of otitis media is acute post-tympanostomy otorrhea.
12. (cancelled)
13. (previously presented) A method of treating an individual having otitis media and a perforated tympanic membrane, the method comprising:
administering an effective, nonototoxic, amount of recombinant alpha one-antitrypsin (AAT) to the middle ear by topical application to the external auditory canal,
wherein the otitis media is treated without significant ototoxicity.
14. (previously presented) The method of claim 13, wherein the recombinant AAT is yeast-expressed rAAT.
15. (previously presented) The method of claim 13, further comprising:
administering an effective, nonototoxic, amount of an inhibitor of at least one species of matrix metalloprotease (MMP).
16. (previously presented) The method of claim 15, wherein the MMP inhibitor is ilomastat.

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17. (previously presented) The method of claim 16, wherein ilomastat is administered in a composition that further comprises yeast-expressed rAAT.
18. (previously presented) The method of claim 16, comprising delivering from about 0.1 mg to about 50 mg of ilomastat and from about 0.1 mg to about 50 mg of rAAT.
19. (previously presented) The method of claim 18 comprising delivering from about 0.1 mg to about 20 mg of ilomastat and from about 0.1 mg to about 20 mg of rAAT.
20. (previously presented) The method of claim 13 or 16, wherein lack of significant ototoxicity is indicated by stable hearing of said individual.
21. (previously presented) The method of claim 13, wherein treatment is indicated by a reduction in an otic inflammatory response in said treated individual relative to an untreated individual.